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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	MZ 100	Total Pages	32
	First Named Inventor or Application Identifier			
	ZASLOFF, MICHAEL			
Express Mail Label No.				

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <small>(Total Pages 26)</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input type="checkbox"/> Drawing(s) (35 USC 113) <small>(Total Sheets)</small>	
4. Oath or Declaration <small>(Total Pages)</small> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed) (Note Box 9 below)</small><ul style="list-style-type: none"><input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
14. <input checked="" type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. <small>Status still proper and desired</small>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 5px 0 0 20px;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor - <u>ZASLOFF, MICHAEL</u>	
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		<u>844.00</u>	
		Attorney Docket Number <u>MZ 100</u>	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="margin-bottom: 10px;"> <h4>1. FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 790</td> <td>201 395</td> <td>Utility filing fee</td> <td style="text-align: right; border: 1px solid black;"><u>370</u></td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td>Design filing fee</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>107 540</td> <td>207 270</td> <td>Plant filing fee</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>108 790</td> <td>208 395</td> <td>Reissue filing fee</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right; border: 1px solid black;">(\$) <u>370</u></td> </tr> </tbody> </table> </div> <div> <h4>2. CLAIMS</h4> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td><u>40</u></td> <td>-20 =</td> <td><u>20</u></td> <td>Extra</td> <td>X</td> <td><u>9</u></td> <td>=</td> <td><u>180</u></td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td><u>10</u></td> <td>-3 =</td> <td><u>7</u></td> <td></td> <td>X</td> <td><u>42</u></td> <td>=</td> <td><u>294</u></td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> <td></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 22</td> <td>203 11</td> <td>Claims in excess of 20</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>102 82</td> <td>202 41</td> <td>Independent claims in excess of 3</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>104 270</td> <td>204 135</td> <td>Multiple dependent claim</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>109 82</td> <td>209 41</td> <td>Reissue independent claims over original patent</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td>110 22</td> <td>210 11</td> <td>Reissue claims in excess of 20 and over original patent</td> <td style="text-align: right; border: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right; border: 1px solid black;">(\$) <u>474</u></td> </tr> </tbody> </table> </div>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 790	201 395	Utility filing fee	<u>370</u>	106 330	206 165	Design filing fee		107 540	207 270	Plant filing fee		108 790	208 395	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$) <u>370</u>	Total Claims	<u>40</u>	-20 =	<u>20</u>	Extra	X	<u>9</u>	=	<u>180</u>	Fee Paid	Independent Claims	<u>10</u>	-3 =	<u>7</u>		X	<u>42</u>	=	<u>294</u>		Multiple Dependent Claims					X		=			Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 22	203 11	Claims in excess of 20		102 82	202 41	Independent claims in excess of 3		104 270	204 135	Multiple dependent claim		109 82	209 41	Reissue independent claims over original patent		110 22	210 11	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) <u>474</u>	<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <h4>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	<u>HENRY E. MILLSON, JR.</u>	Reg. Number	<u>18,980</u>
Signature	<u>Henry E. Millson Jr</u>	Date	<u>01/17/02</u>
		Deposit Account User ID	

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